

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Nevada DOCPAC

Name (print) 185 Greenwood Road, Napa, CA 94558 Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) _____ Telephone No. _____
lsiadek@thedoctors.com (800) 225-0373
 E-Mail Address _____

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

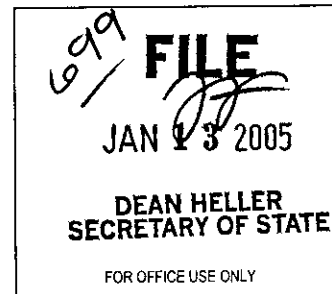
☐ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☐ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☒ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

	This Period	Cumulative from Beginning of Report Period or Through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	\$0.00	\$1,557.65
2. Total Monetary Contributions Received of \$100 or Less	\$0.00	\$ 37.50
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	\$0.00	\$1,595.15
4. Total Value of In Kind Contributions Received in Excess of \$100	\$0.00	\$0.00

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	\$3,000.00	\$19,000.00
6. Total Monetary Expenses Paid of \$100 or Less	\$ 0.00	\$ 0.00
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	\$3,000.00	\$19,000.00
8. Total Value of In Kind Expenses in Excess of \$100	\$0.00	\$0.00

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Lona Eyeland Seadek
 Signature

Date 1/10/05

Nevada DCPAC

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
None	None	\$0.00	None

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Name (print)

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District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 8 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
None	None	00/00/00	\$0.00	N/A

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 13 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None	None	00/00/00	\$0.00

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